

## 2012 Boys Youth Basketball Registration Form

Mt. Vernon Parks & Recreation Wildcat Youth Basketball  
2<sup>nd</sup> & 3<sup>rd</sup> grade league and 4<sup>th</sup> & 5<sup>th</sup> grade league

Please fill out this form and return to the Parks & Recreation Department Office, 716 Locust, Entrance 8 (M-F 8am-5pm) or mail to PO Box 324, Mt. Vernon, Indiana 47620. All registrations are due by Friday, October 19<sup>th</sup> at 5pm. Fees: \$45 per participant (\$15 second child). Parks and Recreation will be running the program with the support of Coach Hostetter. **Check payable to: Mt. Vernon Parks and Recreation** (\$25 Returned Check fee)

**Evaluation/Camp: October 27 at 10:30am in the Main Gym at MVHS**

Name \_\_\_\_\_ Grade: 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>  
Address \_\_\_\_\_ School \_\_\_\_\_  
Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Jersey/T-shirt size (circle one):      YS   YM   YL   S   M   L   XL

### PARENT PERMISSION:

**(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)**

We/I hereby grant permission for my child \_\_\_\_\_ to participate in the: *Youth Basketball League.*

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Department, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved.

Date: \_\_\_\_\_  
Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_  
Parent Signature \_\_\_\_\_

### **Contact Information:**

Father: Name \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother: Name \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

e-mail \_\_\_\_\_ (for P & R distribution lists only)

Will you: Coach?   yes   no   Assist Coach?   yes   no   Coach Shirt Size:   S   M   L   XL

Rec. # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_